

Resident Profile Report for the Year 2003

Introduction

Staff in the Department of Health and Senior Services developed the survey instrument used for the Resident Profile Report, with input from representatives of the assisted living industry. The following changes were made for 2003 data collection:

- 1) Two sections containing general facility information were combined into a new form entitled “Facility Profile Report”.
- 2) The sections requesting aggregate data pertaining to Admission Source and Discharge Destination were eliminated. The forms were re-designed to collect these data on a resident-specific basis.
- 3) A new form entitled “In-House Resident Profile Report” was developed. The “In-House Resident Profile Report” is a snapshot of residents in the facility on 12/31/2003. This form contains three sections, Demographics (e.g. Gender, Resident Date of Birth), Admission Source, and ADL/Medication Administration/Cognitive Status. The column requesting cognitive status data was added since this is becoming an increasingly important issue in assisted living.
- 4) The form requesting information for residents discharged during the calendar year (2003) was expanded. In addition to the columns asking for Resident Date of Admission and Resident Date of Discharge, several columns each were added to request the Admission Source and Discharge Deposition for each resident discharged during 2003.
- 5) The revised Resident Profile Report was saved as an Excel file. Each of the three forms, “Facility Profile Report,” “In-House Resident Report,” and “Discharged Resident Report” was saved in a separate worksheet. The file was copied to disks, which were mailed to each ALR and CPCH facility along with a copy of the instructions on April 28, 2004.

Facilities were asked to return the survey by June 15, 2004. Approximately 60% of the facilities met this deadline. As of September 10, 2004 all 188 CPCHs and ALRs that were operating as of December 31, 2003, have completed and submitted the Resident Profile Report for 2003.

Purpose

To identify characteristics of the population, as well as sub-populations of assisted living residents. These include:

- 1) Source of Admission
 - a) Current Residents
 - b) Discharged Residents
- 2) Discharge Destination
- 3) Need for Assistance with:
 - a) Activities of Daily Living (ADLs)
 - b) Medication Administration
 - c) Cognitive Tasks
- 4) Age
- 5) Gender
- 6) Medicaid Status
- 7) Time Spent in Facility (Length of Stay – Current Residents)
- 8) Length of Stay – Discharged Residents

Data Analysis

1. Admission Source - Residents In-House on 12/31/2003 (Figure 1)

Admission from a resident's home (defined as living with friends, relatives, alternate family care (AFC), boarding homes, in addition to the resident's own home), accounted for nearly two-thirds (63%) of the 10,864 residents in the 188 facilities included in the survey, on 12/31/2003. Together, admissions from "Home", "Nursing home", and "Other AL/CPCH facilities" comprised 81% of all admissions.

2. ADL Needs (Figures 2A and 2B)

One-third (33%) of the 10,864 residents did not require any ADL assistance. Fifteen percent required assistance with only one ADL, 14 percent needed help with two, 11 percent needed help with three, and 27 percent required assistance with four or more ADLs.

More than one-third of all residents (36%) required limited assistance with bathing; 26% required total assistance with this ADL. By contrast, only 7% required total assistance with Bed Mobility and 5% with Eating. The figures

for residents requiring limited assistance with these activities were 10% for Bed Mobility, and 12% for Eating. Well over half of all residents were independent in performing all ADLs except for Dressing (49%), and Bathing (35%).

3. Medication Assistance (Figure 3)

Nearly two-thirds (62%) of the 10,864 residents required total assistance with administration of medications; 11% required limited assistance, and 24% required no assistance.

4. Cognitive Assistance (Figure 4)

Nearly half (48%) of the 10,864 residents did not require any assistance with cognitive tasks. Slightly less than one-third (31%) needed limited assistance, while only 18% were totally dependent.

5. Resident Age (Figure 5)

Resident ages were categorized as follows:

- a) younger than 70
- b) 5 year intervals from 70-94
- c) 95 and older

The largest share of the 10,864 residents in the 188 facilities as of December 31, 2003, 29%, were aged 85-89, followed by the age range 80-84, with 23%. The smallest groups were “younger than 70” and “70-74”, each comprising 4%. The mean age for the 10,864 residents was 85.4.

6. Time in Facility (Length of Stay) for Current Residents (Figure 6)

Residents were classified as follows:

- a) Less than one month
- b) Six month intervals from 1-24
- c) Greater than 24 months

The largest share of the 10,864 residents, 34%, was in the “greater than 24 months” category, followed by the “1-6 month” category with 19%. Only 3% of residents had been in the facility for less than one month. The mean length of stay for all residents was 21.8 months.

7. Resident Gender (Figure 7)

Slightly more than three-quarters (76%) of the 10,864 residents were female.

8. Resident Medicaid Status (Figure 8)

Medicaid covered 16% of the 10,864 residents.

9. Admission Source – Residents Discharged during 2003 (Figure 9)

The distribution of admission sources for residents discharged during 2003 and residents In-House on 12/31/2003 (Figure 1) were very similar. The largest share (61%) was admitted from home, very close to the 63% of In-house residents in this category.

10. Discharge Destination – Residents Discharged during 2003 (Figure 10)

Discharges to “Nursing Home” accounted for 33% of the 4,353 residents discharged from the 188 facilities during 2003. “Deaths” and discharges to “Acute Care Hospital” comprised 23 and 15 percent, respectively. Together, these three categories accounted for more than two-thirds of all residents discharged.

11. Length of Stay for Discharged Residents (Figure 11)

The same groupings were used as for “Time in facility for current residents.” The “greater than 24 months” and “1-6 month” categories accounted for half (25% each) of the 4,353 residents discharged during 2003. The smallest share, 9%, was in the “19-24 month” category. The overall mean length of stay for discharged residents was 16.6 months.

Limitations

Although every effort was made to verify data, this was not always possible, given the large volume of data and limited staff resources. There were several data problems, some due to imperfections in the design of the forms and others resulting from confusion among the facilities as to how to respond to questions on the survey. The most prevalent data problems were as follows:

- 1) Invalid data in Item 2, Column 12 (ADL Dressing). The cells in this column were formatted as dates, hence the entries (0, 1, or 2) did not display correctly. In some cases, it was possible to correct these data by changing the format of the cells, but not always. This will be corrected on the 2004 data tool.

- 2) Residents were listed in Item 3 (Discharged Resident Profile) who were not discharged during 2003.
- 3) Entries in Item 2, Columns 12-20, contained check marks, as opposed to 0,1, or 2, as requested in the instructions.
- 4) Facilities submitted surveys with missing information, the most prevalent being resident birth dates. In some instances, the entire survey was not submitted at the same time; this made the process of compiling the data more difficult.
- 5) Some facilities reported that some data elements were very difficult to obtain, due to changes in ownership and/or administrator.
- 6) Some of the facilities that submitted electronic data (email or disk) separated blocks of residents. This made it more cumbersome to incorporate this data into the master Excel file (containing data for all facilities).

The Department will take these problems into account in designing the 2004 Resident Profile Survey tool. Care will be taken to ensure that all data elements are formatted correctly. It may be necessary to clarify the instructions (i.e. stress certain points), to reduce confusion caused by certain issues (i.e. which residents should be reported on each form). The Department hopes that in the event of ownership/administrator changes, the outgoing officers will be cooperative in providing data and in making their replacements aware of this survey.

Conclusions

The process of collecting and analyzing Resident Profile data for 2003 is part of the Department's ongoing effort to provide a profile for selected characteristics of assisted living residents in New Jersey. Analysis of this information will be useful to facilities, industry representatives, researchers, and policymakers. The Department hopes to provide trend analysis beginning with the 2004 survey. These results will be more meaningful if there is 100% participation once again in 2004. Hopefully, facilities will provide data in a timelier manner in the future.

Once again, we would like to thank those facilities that were cooperative in submitting the data and in helping the Department to revise and correct it, when necessary. In conclusion, the Department believes that the 2003 Resident Profile Report data is a valuable resource for providers, planners, and the general public. Thank you.